

**BY-LAW ENFORCEMENT SERVICES
DOG LICENCE (TAG) APPLICATION
FORM-BYL-105**



2585 King Road
King City, ON L7B 1A1

Application Process

To apply for one or more dog licences in the Township of King, please complete this form and submit it with payment to the Township of King By-law Enforcement Department. Submission and payment can be made on-line at www.king.ca, in person at the Township Municipal Offices at 2585 King Road, King City, ON, L7B 1A1 or by mail to the above address. Please make cheques payable to the Township of King.

The Township of King requires that all dog owners obtain a licence for each dog owned on a property. No more than four (4) dogs may be owned and reside at a single property in the Township at the same time. For all rules and responsibilities pertaining to dog ownership in the Township of King, please refer to Animal Control By-law #2016-85 (available on-line at www.king.ca by searching "Animal Control", or in-person at the By-law Enforcement Department at 2585 King Road, King City).

Licence Fees

The following licence fees apply. Please submit payment for all requested licences with your application.

New Licence or Renewal	\$20.00 (\$25 after April 15 th)
New Licence or Renewal for Seniors (65+)	\$15.00 (\$20 after April 15 th)
Replacement Tag	\$10.00
Service Dog	No Charge

Applicant Information

Name	
Street Address	
Municipality & Postal Code	
Contact Phone #	
E-Mail Address (optional)	
Are you 65 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dog #1

Dog's Name	
Breed(s)	
Colour(s)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Rabies Vaccination Expiry Date (YYYY-MM-DD)	
Veterinary Clinic Contact Information	Clinic Name _____ Phone # _____
Licence Type (check applicable)	<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Replacement Tag <input type="checkbox"/> Service Dog
Dog Tag # (Office Use Only)	

Dog #2

Dog's Name		
Breed(s)		
Colour(s)		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Rabies Vaccination Expiry Date (YYYY-MM-DD)		
Veterinary Clinic Contact Information	Clinic Name	_____
	Phone #	_____
Licence Type (<i>check applicable</i>)		<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Replacement Tag <input type="checkbox"/> Service Dog
Dog Tag # (<i>Office Use Only</i>)		

Dog #3

Dog's Name		
Breed(s)		
Colour(s)		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Rabies Vaccination Expiry Date (YYYY-MM-DD)		
Veterinary Clinic Contact Information	Clinic Name	_____
	Phone #	_____
Licence Type (<i>check applicable</i>)		<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Replacement Tag <input type="checkbox"/> Service Dog
Dog Tag # (<i>Office Use Only</i>)		

Dog #4

Dog's Name		
Breed(s)		
Colour(s)		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Rabies Vaccination Expiry Date (YYYY-MM-DD)		
Veterinary Clinic Contact Information	Clinic Name	_____
	Phone #	_____
Licence Type (<i>check applicable</i>)		<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Replacement Tag <input type="checkbox"/> Service Dog
Dog Tag # (<i>Office Use Only</i>)		

Declaration and Signature

By signing below, I affirm that all dogs listed on this application have received up-to-date rabies vaccinations, subject to verification by the Township of King, if required. I acknowledge that the information on this document will be shared to assist with returning my dog and/or enforcement matters and I affirm that the information submitted in this application is true and complete to the best of my knowledge.

Applicant Signature

Date (YYYY-MM-DD)

Personal information (PI) is collected on this form under the authority of the Municipal Act, s. 11. The purpose of this collection is to administer the dog tag licensing program. The personal information provided on this form is protected in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA). Should you have any questions or concerns regarding the collection of personal information (PI), please contact the Clerks Department, King Township, 2585 King Road, King City, L7B1A1 (905) 833-5321.